



QUESTIONNAIRE REGARDING CONFLICT OF INTEREST AND PROCUREMENT POLICIES FY 2017 CDBG PROGRAM APPLICATION PROCESS

Federal, State and Local law prohibits employees and public officials of Milwaukee County from participating on behalf of the County in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would create conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a County employee or consultant, or a member of the County Board, a County Advisory Board, a County Commission, and/or a County Committee?

☐ Yes ☐ No If yes, list the name(s) and affiliation below:

NAME	POSITION	AFFILIATION WITH COUNTY

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application a County employee or consultant, or a member of the County Board, a County Advisory Board, a County Commission, and/or a County Committee?

☐ Yes ☐ No If yes, list the name(s) and affiliation below:

NAME	POSITION	AFFILIATION WITH COUNTY

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a County employee, consultant, or a member of the County Board, a County Advisory Board, a County Commission, and/or a County Committee?

☐ Yes ☐ No If yes, list the name(s) and affiliation below:

NAME	POSITION	AFFILIATION WITH COUNTY

If you have answered "YES" to any of the questions listed in this form, the CDBG Program office, alongside the County Corporation Counsel Office, will need to determine whether a real or apparent conflict of interest exists.

Name of Agency

Signature of Authorized Signing Official/Representative

Date

Print/Type Name of Authorized Signing Official/Representative